									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR									1000 3 563 0 1					
CLAIMS AS FILED - PART I (Column 1)									MALL ENTITY TYPE		OR	OTHER THAN		
TOTAL CLAIMS			20		:		!	RAT		FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		•			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		•			X40=-			OR	X80=		
MUL	TIPLE DEPEN	DENT CLAIM PF	ESENT						+135=		OR	+270=		
* If the difference in column 1 is less than zero, ent					s "0" in c	column 2 TOTAL				OR	TOTAL	710		
-2-05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							ļ	SMA	u.	NTITY	OR	OTHER SMALL		
[A]		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUA PREVI	HEST HBER HOUSLY FOR	PRESENT EXTRA		RATE	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	.20	Minus	2	0			X\$ 9	=		OR	X\$18=		
NEN I	Ind pendent	• 3	Minus	••• \	3	=		X40	=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDEN				IT CLAIM		J	+135			OR	+270=		
DEDI AVAILABLE COPY 0 12/0								S TOTAL		OR	TOTAL			
									FEE		,	ADDIT. FEE		
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER TOUSLY D FOR	PRESENT EXTRA		RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	· 25	Minus		20	-5]	X\$ 9)=		OR	XSIG	250	
MEN	Independent	. 3	Minus	•••	3]=]	X40	=		OR	X80=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT						J	+13!	5=		OR	+270=		
								ADDIT.	TAL FEE		OR	YOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PRE\	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total	•	Minus	••		2		X\$ 9)=		OR	X\$18=		
MEK	Independent	•	Minus	•••]=	4	X40)= -		OR	X80=		
الم	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+13	 5=		ОЯ			
	"If the entry in column 1 is tess than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3." "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."													

FORM PTO-875 (Rev. 8/00)